

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy
Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Terry McGuire		SSN or EMPLOYEE NUMBER*		DEPARTMENT State Controller's Office	
POSITION Deputy Controller - Investments		CB/D No.		DIVISION or BUREAU Executive Office	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 300 Capitol Mall, Suite 1850		TELEPHONE NUMBER	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY [REDACTED]		STATE CA		ZIP CODE 95814	

(1) MONTH/YEAR (2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
											MILES	AMOUNT	
4/27		Sacramento						65.00	R			0.00	65.00
5/9		Sacramento						65.00	R			0.00	65.00
6/16		Sacramento						65.00	R			0.00	65.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
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												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	195.00		0.00	0.00	0.00	195.00

CLAIM TOTAL

\$195.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Monthly Amtrak passes for travel between residence and HQ.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

CL

DATE

7/6/11

DATE

7/7/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE